Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ HAL096014 11/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N BERKLEY BLVD **BROOKDALE BERKLEY BOULEVARD** GOLDSBORO, NC 27534 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This report is of a Followup Survey done by Bob Getchell on November 25, 2015. The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required. {C 133} Bathrooms-Hand Grips {C 133} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. Followup Findings on November 25, 2015: a. There were loose hand grips (grab bar) at the commodes, and tubs at the following locations to include but not limited to: Public Restroom commode.. {C 166} {C 166} Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

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Division of Health Service Regulation

STATE FORM 6899 4WEW22 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
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{C 189}	Continued From page 2		{C 189}								
	to egress through the door as shown in the evacuation map and confirmed with Executive Director.										
	maintained in a safe because the emerg	rvation, the Building was not e and operating condition, ency lighting, which ess pathways during power rk properly.									
	<ul> <li>The wall-mount light did not work or button was pushed.</li> </ul>										
	maintained in a safe because some corr devices that do not	ervation, the Building was not e and operating condition, idor doors were held open by release with a push or pull of g the doors from being closed									
	a. Corridor doors wedges holding the specific examples ii iii. Dining Room to iv. Bedroom 107.	on November 25, 2015: at the following locations had doors open, Locations of nolude but are not limited to: o Service Corridor, o the Bedroom 407 was a chair,									
{C 199}	Exhaust Ventilation		{C 199}								
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS										

Division of Health Service Regulation

STATE FORM 6899 4WEW22 If continuation sheet 3 of 4

Division of Health Service Regulation

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	(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order.										
	are back ordered. a. The exhaust ve not remove the requof specific example to: i. Bedroom 707, ii. Bedroom 205, iii. Bedroom 302, iv. Bedroom 102,	on November 25, 2015: Fans entilation was running but diduired amount of air. Locations include but are not limited									

6899

Division of Health Service Regulation STATE FORM

4WEW22 If continuation sheet 4 of 4